

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD).

**THE RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT**

• Mr. DODD. Mr. President, I rise today to recognize the Senate's unanimous passage of the Ryan White HIV/AIDS Treatment Modernization Act earlier this week. It has been 25 years since the first AIDS diagnosis in the United States. At present, approximately 40,000 Americans are newly infected with this disease each year, and more than half of those diagnoses are in people under age 25. This is a disease that has taken its toll on millions of individuals and families, but as a result of combined Federal, State and local efforts to support individuals living with this disease as well as advances in treatment options, many Americans living with HIV/AIDS continue to have thriving, productive lives.

Since 1990, when the Ryan White CARE Act was first authorized, we have made incredible strides in treating and caring for individuals in the United States affected by HIV/AIDS. The number of new infections each year has dropped from more than 100,000 in 1990 to approximately 40,000 today. Mother-to-child transmission has dropped from 2,000 to fewer than 200 cases annually. Life expectancy for those with the disease has increased by almost 20 years. In fact, more people are now living with AIDS in the United States than at any other time in the epidemic.

The Ryan White CARE Act is at least partially responsible for these successes. But there is much more work to be done. It is estimated that more than a quarter of those infected with HIV do not know it, and many who do know it still do not have access to needed care and services. And HIV/AIDS disproportionately affects the poor and minorities. African Americans account for up to 54 percent of new HIV infections and Latinos account for 19 percent of new infections, though they account for only approximately 12 percent and 13 percent of the U.S. population, respectively. Hispanic and African-American women account for 82 percent of new infections among females in the United States.

For many years I have been particularly concerned about the impact this disease has on children and families. Last year, Senator BOND and I introduced legislation to reauthorize and strengthen title IV of the Ryan White CARE Act. For those who are unfamiliar with title IV, it provides grants for coordinated care, services, and research for women, infants, children, and youth. The programs and services funded by title IV have kept families alive and together. For example, title IV projects have led the way toward reducing mother-to-child transmission from more than 2,000 babies born HIV-positive each year to fewer than 200. In

my home State of Connecticut, a total of 213 babies have been born to HIV-positive mothers since 2002. Of that total, only one baby has been confirmed as HIV-positive.

The bill passed earlier this week by the Senate contains many significant improvements to title IV that were part of the legislation Senator BOND and I introduced. I believe those changes will improve the treatment and services for women, families, and youth provided under the Ryan White CARE Act. However, I am deeply disappointed in the authorization level for title IV contained in the bill. All other titles of this bill authorize increases in funding except title IV, which is flat funded. I pushed hard to secure a comparable increase for title IV, and although I am disappointed with the final outcome, I realize this is an authorization bill, not an appropriations bill, and I will work to secure increased funding for this critical title.

Unfortunately, it appears that the 109th Congress will come to a close without the House and Senate having passed a Labor-HHS-Education appropriations bill for fiscal year 2007. It is a failure on the part of the leaders in the House and Senate that we did not debate this bill and have an opportunity to increase funding for the Ryan White CARE Act. As we look to the next Congress, I urge my colleagues and the whole advocacy community to join me in fighting for providing adequate funding for this program.

I believe that the bill passed unanimously in the Senate is a fair compromise which stabilizes funding for cities and States and urban and rural areas for the next 3 years. Without this legislation, 17 States—including Connecticut—and the District of Columbia stand to lose millions of dollars next year. This legislation is now before the House of Representatives. It is my hope that the house will act quickly to pass this legislation so that these States and the District do not experience a disruption in critical care and treatment services for people living with HIV/AIDS.

In closing, I want to commend the hard work of the members and their staff in both Chambers who developed this bipartisan, bicameral compromise bill over the past 2 years. In particular, I would like to recognize Connie Garner with Senator KENNEDY and Shana Christrup with Senator ENZI who worked tirelessly to incorporate the priorities of many offices. I would also like to thank the many public health advocacy organizations who contributed to the development of this legislation. •

**TRADE RELATIONS TO VIETNAM**

Mr. CHAMBLISS. Mr. President, in relation to the extension of permanent trade relations to Vietnam that the Senate is in the process of considering this evening, there is a finding in the bill that I want to call to the Senate's

attention. The finding notes that, "Vietnam has taken cooperative steps with the United States under the United States Joint POW/MIA Accounting Command, formerly the Joint Task Force-Full Accounting, established in 1992 by President George H. W. Bush to provide the fullest possible accounting of MIA and POW cases."

I serve as the cochairman of the U.S./Russia Joint Commission on POW/MIAs, and also have several close friends who have family members who are POW/MIAs and continue to search for their family members and for information that will bring them closure regarding their fate.

I think we can all agree that Vietnam has in fact taken cooperative steps along the lines of POW/MIA accounting with the United States. However, I think we can also all agree that Vietnam needs to take additional steps in this area. Specifically, I believe there are additional steps that Vietnam can take in providing the United States access to archives regarding POW/MIA cases in Laos and Cambodia. Cases of US service members lost in Laos and Cambodia are particularly difficult to resolve due to the difficulty of access to both archival information and the actual locations where service members are presumably missing. This is a specific area in which I hope that Vietnam can provide additional information and assistance to help the United States obtain the fullest possible accounting of POW/MIAs from the Vietnam war.

I want it to be clear that there is more work to be done on this issue and that we need to continue to conduct research, site visits and work closely with Vietnam, as well as their neighbors on this issue until we have accounted for every one of our POW/MIAs in Vietnam as well as other countries.

**COMBATING AUTISM ACT, S. 843**

Mr. ENZI. Mr. President, yesterday, Congress confirmed its obligation to the thousands of individuals living with and families affected by autism by passing the Combating Autism Act of 2006, S. 843. I am extremely pleased that the Senate passed this bill and sent it to the White House for the President's signature.

This anticipated law has a long history. Senators SANTORUM and DODD worked diligently with me, Senator KENNEDY, and our staffs for the past 2 years to develop this crucial piece of legislation to assist individuals living with autism and other developmental disabilities and their families. This legislation focuses on expanding autism research and coordination of that research at the National Institutes of Health, NIH, and increasing awareness of autism and its manifestation through the Centers of Disease Control and Prevention, CDC. In addition, the bill integrates the country's various